

STATEMENT OF ECONOMIC INTERESTS  
FAIR POLITICAL PRACTICES COMMISSION  
COVER PAGE

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Please type or print in ink.

FILED

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
BEASON NATHAN H.

1. Office, Agency, or Court

Agency Name

BOARD OF SUPERVISORS

Division, Board, Department, District, if applicable

Your Position

DISTRICT I

COUNTY SUPERVISOR

► If filing for multiple positions, list below or on an attachment.

Agency: See attached list.

Position:

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County

☒ County of Nevada

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

☐ Leaving Office: Date Left / / (Check one)

-or-

The period covered is / / through December 31, 2010.

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date / /

☐ The period covered is / / through the date of leaving office.

☐ Candidate: Election Year Office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that

Date Signed

1/31/11  
(month, day, year)

Signature

Nathan H. Beason  
Statement of Economic Interests  
Expanded Statement 2010/2011

<b>Agency:</b>	<b>Position:</b>	<b>Multi-Counties</b>
Airport Land Use Commission for the Nevada County Airport.	Alternate	
Area 4 Agency on Aging Governing Board	Member	Nevada, Placer, Sacramento, Sierra, Sutter, Yolo & Yuba
CRHMFA Homebuyers Fund	Delegate	See attached listing.
California Rural Home Mortgage Finance Authority (RCRC)	Delegate	See attached listing.
Environmental Services JPA	Delegate	See attached listing.
Local Agency Formation Commission	Alternate	Nevada, parts of Placer, Yuba & Sierra
Nevada County Finance Authority	Alternate	
Nevada County Sanitation District No. 1	Director	
Transit Services Commission	Member	
Transportation Commission	Member	

**FORM 700 Statement of Economic Interests for Calendar Year 2010**

**List of Agencies and Member Counties**

**NEVADA COUNTY**

**Supervisor Nate Beason**

Agency

Position

CRHMFA Homebuyers Fund

Delegate

California Rural Home Mortgage Finance Corp

Delegate

Environmental Services Joint Powers Authority

Delegate

**List of Member Counties**

Alpine County	Modoc County
Amador County	Mono County
Butte County	Napa County
Calaveras County	Nevada County
Colusa County	Placer County
Del Norte County	Plumas County
El Dorado County	San Benito County
Glenn County	San Luis Obispo County
Imperial County	Shasta County
Inyo County	Sierra County
Lake County	Siskiyou County
Lassen County	Sutter County
Madera County	Tehama County
Mariposa County	Trinity County
Merced County	Tuolumne County
	Yuba County

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name Nathan H. Beason

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

<p>► NAME OF SOURCE Regional Council of Rural Counties</p> <p>ADDRESS (Business Address Acceptable) 801 12th St. #600</p> <p>CITY AND STATE Sacramento, CA</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3) Legislative Services</p> <p>DATE(S): 01 / 12 / 10 - 12 / 31 / 10 AMT: \$ 247.29 (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income</p> <p>DESCRIPTION: Meal expenses related to volunteer services on the RCRC Board of Directors.</p>	<p>► NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>
<p>► NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>	<p>► NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>

Comments: \_\_\_\_\_